

Procedures for Filling Out and Submitting Your Travel Claim (DD Form 1351-2)

1. **General Information:** Reimbursement for all expenses (including airfare, lodging or car rental -- when authorized) is limited to the government rate or whatever you paid, whichever is less. When Carlson Wagonlit is not used to book travel, reimbursement of fees for changes or cancellation of travel will not be authorized. Sample vouchers are provided on page 3 and 4 as further guidance to use when completing your voucher. Per Diem is paid automatically with approved orders and does not need to be listed as a reimbursable expense on the voucher.

2. **Required Attachments to your travel claim:**

- ☐ Copy of your Travel Orders
- ☐ Lodging receipt showing paid "0" balance
- ☐ Airline ticket receipt (only if you paid for it)
- ☐ All receipts for any other individual expenses \$75 or more. Receipts should show method of payment (ie; cash, check, or type of credit card with the last 4-5 digits listed) and showing a "0" balance or other indication on the receipt stating "Paid". (Note: if you total up several taxi fares on one line under reimbursable expenses, and that total exceeds \$75, then you must provide copies of receipts for each trip).

NOTE: On the rare occasion when a rental car is authorized, you must provide a receipt from the rental car agency indicating your method of payment (ie; cash, check, or type of credit card with the last 4-5 digits listed) and showing a "0" balance or other indication on the receipt stating "Paid". If your receipt does not meet this criteria you will not be reimbursed. This is a DFAS requirement and you will not be reimbursed without it. You can submit a statement in lieu of receipt completed like the sample on page 5 if your receipt does not meet the criteria.

3. **Filling out your travel claim – key blocks (see sample vouchers on page 3 and 4 for additional guidance):**

- Block 1 – Indicate payment preference (split disbursement is only for those consultants who have a government credit card).
- Block 3 – **CONS.**
- Block 5 – Check **TDY**.
- Block 6 – Fill in 6a – e. Your **home** address **must** be used.
- Block 8 – Your Travel Order Number is located on your Invitational Travel Orders in the top right section. The number should be in boldface type, and will begin with "**DSTD**". It changes each time you travel.
- Block 11 – Put "**OSD/USD (AT&L)/DSB, Pentagon, Washington DC**", in this block.
- Block 12 – Check unaccompanied.
- Block 15 – **Column A: indicate the year** in the top of the block, then the **date to correspond to each itinerary entry** in Column B. **Column B (Place – Input the city and state):** Please be sure that your travel From, To and point of return (city/state) read the same as your Travel Order. **Column C (Mean/Mode of Travel) Codes** are: **PA** (private automobile), **CP** (commercial plane—if you paid for the ticket), **TP** (government plane – when the government / Carlson Wagonlit pays for the airfare / issues the ticket), **CA** (commercial auto – rental car, taxis), **CR** (commercial rail), **TR** (government rail – when the government / Carlson Wagonlit pays for

the train / issues the ticket) and **AR** (Authorized Return). **Column D (Reasons for Stop) Codes** are: **AT** (awaiting transportation), **TD** (temporary duty – your status while at the DSB meeting), **MC** (mission complete – arrival at your return destination, typically your home), **LV** (leave or other business). Additional information on codes that can be used in **Column C** and **D** are listed on page 2 of the DD 1351-2. **Column E (Lodging Cost Only)**. If you use this block do not claim lodging cost again in Block 18. Taxes must be listed separately in Block 18. **Column F (POC Miles)**: Record miles you traveled in your personal vehicle (be sure to check the appropriate box in Block 16 if you used your own vehicle). If you need additional space, use the DD Form 1351-2C to continue your entries.

- Block 16 – Check applicable block.
- Block 17 – **Duration of TDY**. Check appropriate block.
- Block 18 – **Reimbursable Expenses – Column A (use for reimbursable expenses such as hotel lodging, hotel taxes, air fare, train fare, parking, tolls, taxis, etc):** Date. **Column B (Nature of Expense)**: general guidelines – (a) Enter your total lodging cost (minus taxes and meals/services at the hotel, these are not reimbursable) and total lodging taxes as 2 separate entries, (b) list cost of air or train travel only if you paid for it, (c) if you spread your taxi fares across several lines and each is under \$75, you do not need to submit a receipt, (d) include Conference Fee here (if applicable – must include authorization letter as attachment), (e) rental car (note: use of rental cars is not usually authorized). If you need additional space, use the DD Form 1351-2C to continue your entries. **NOTE: Do not claim meals you purchased during your trip. All meals are covered by your daily per diem which is automatically paid by DFAS with approved orders.**
- Block 19 – This block is to indicate meals which were provided to you that you did not pay for. Leave blank unless the Exception below applies. (**Exception:** Meals paid on your behalf such as hosted meeting lunches, DSB quarterly meeting lunches, etc). Any meals listed here will result in a deduction from your meal per diem for that day. List the date and number of meals you had during that time.
- Block 20 – **Please be sure to sign and date your travel claim in 20a and b.**

4. **Submitting your travel claim:**

- Please be sure to keep a copy of your Travel Claim (and all attachments).
- Please **do not mail** your travel claim. **Fax in your claim to Janice Jackson at (703) 697-1860** or scan, encrypt and e-mail to osd.pentagon.ousd-atl.mbx.dsb-office1@mail.mil.

5. **Contacting DSB:** For additional assistance, please email us at osd.pentagon.ousd-atl.mbx.dsb-office1@mail.mil or call (703) 695-4157.

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue on reverse.			
1. PAYMENT <input checked="" type="checkbox"/> L. Entropy Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: This Voucher will be payable to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and meals. This form is valid only if you select a different amount. If you select a different amount, you must also provide a payment authorization from the total of their outstanding government travel card balance to the GTCC contractor. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.					
2. NAME (Last, first, Middle initial (if not applied)) DOE, JANE		3. GRADE CONS	4. SSN	5. TYPE OF PAYMENT (if not applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> CLA			
6. ADDRESS (if different from 2)		7. CITY	8. STATE	9. ZIP CODE			
1. ANYPLACE ST.		SOMEWHERE	CA	22222			
10. E-MAIL ADDRESS: jdoe@123.com		11. ORGANIZATION AND STATION OSD/OSD (AT&L) PDSB					
12. DAYTIME TELEPHONE NUMBER & AREA CODE (703) 111-1111		13. TRAVEL ORDER AUTHORIZATION NUMBER DST XXX-XXXX		14. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES			
15. DEPENDENT(S) (if not complete as applicable) <input type="checkbox"/> UNACCOMPANIED <input checked="" type="checkbox"/> ACCOMPANIED a. NAME (last, first, middle initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARITAL STATUS		16. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (include Zip Code)		17. FOR B.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PARTIAL d. COMPLETIONS			
18. ITINERARY a. DATE 2011 b. PLACE (Home, Office, Enroute, City and State, City and Country, etc.)		19. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (YES/NO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (Include in Remarks)		20. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependents Travel (5) T&A (6) Reimbursable Expenses (7) Total (8) Other Allowance (9) Amount Owed (10) Amount Due			
21. DATE 2011		22. MEANS OF TRANSPORT PA		23. REASON FOR STOP AT		24. LODGING COSTS 30	
25. DATE 2011		26. MEANS OF TRANSPORT TP		27. REASON FOR STOP AT		28. LODGING COSTS 30	
29. DATE 2011		30. MEANS OF TRANSPORT CA		31. REASON FOR STOP ID		32. LODGING COSTS 30	
33. DATE 2011		34. MEANS OF TRANSPORT CA		35. REASON FOR STOP AT		36. LODGING COSTS 30	
37. DATE 2011		38. MEANS OF TRANSPORT TP		39. REASON FOR STOP AT		40. LODGING COSTS 30	
41. DATE 2011		42. MEANS OF TRANSPORT PA		43. REASON FOR STOP MC		44. LODGING COSTS 30	
45. DATE 2011		46. MEANS OF TRANSPORT PA		47. REASON FOR STOP MC		48. LODGING COSTS 30	
49. DATE 2011		50. MEANS OF TRANSPORT PA		51. REASON FOR STOP MC		52. LODGING COSTS 30	
53. DATE 2011		54. MEANS OF TRANSPORT PA		55. REASON FOR STOP MC		56. LODGING COSTS 30	
57. DATE 2011		58. MEANS OF TRANSPORT PA		59. REASON FOR STOP MC		60. LODGING COSTS 30	
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65. DATE 2011		66. MEANS OF TRANSPORT PA		67. REASON FOR STOP MC		68. LODGING COSTS 30	
69. DATE 2011		70. MEANS OF TRANSPORT PA		71. REASON FOR STOP MC		72. LODGING COSTS 30	
73. DATE 2011		74. MEANS OF TRANSPORT PA		75. REASON FOR STOP MC		76. LODGING COSTS 30	
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85. DATE 2011		86. MEANS OF TRANSPORT PA		87. REASON FOR STOP MC		88. LODGING COSTS 30	
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545. DATE 2011		546. MEANS OF TRANSPORT PA		547. REASON FOR STOP MC		548. LODGING COSTS 30	
54							

SAMPLE VOUCHER W/LEAVE

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) cardholder the portion of your reimbursement for travel charges for transportation, lodging, and meals and per diem for the employee. Unless you check a different amount, Military personnel are required to disburse payments that would be for the reimbursement of outstanding government travel and business to the GTCC cardholder. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$					
2. NAME (Last, First, Middle Initial) (Print or Type) DOE, JANE		3. GRADE CONS	4. SSN	5. TYPE OF PAYMENT (Print or Type) <input checked="" type="checkbox"/> TDR <input type="checkbox"/> PDR Dependent's: <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other D.A.			
6. ADDRESS, a. NUMBER AND STREET 1 ANYPLACE ST.		b. CITY SOMEWHERE	c. STATE CA	d. ZIP CODE 22222			
7. E-MAIL ADDRESS JDoe@123.com		8. TRAVEL ORDER AUTHORIZATION NUMBER D81DXX-XXXX		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		10. FOR U.S. USE ONLY a. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PNC BY	
11. ORGANIZATION AND STATION OSD/OUSD (AT&T)/DSB		12. DEPENDENT(S) (Print or Type as appropriate) a. ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED b. NAME (Last, First, Middle Initial) c. RELATIONSHIP d. DATE OF BIRTH OR MARRIAGE		13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (Print or Type) YES <input type="checkbox"/> NO <input type="checkbox"/> (Specify in Remarks)	
15. TRAVEL a. DATE 2011 b. PLACE (Name, Office, Base, Activity, City and State, City and Country, etc.)		MEAL MODE OF TRAVEL		REASON FOR TRAVEL	LODGING COST	PER DIEM	
3 Feb DEF Somewhere, CA		PA		LV	30		
4 Feb DEF Los Angeles International Airport, CA		CP		AT			
4 Feb DEF Washington National Airport, Washington, DC		CA		TD			
4 Feb DEF Washington, DC		CA		AT			
8 Feb DEF Washington National Airport, Washington, DC		CP		AT			
8 Feb DEF Los Angeles International Airport, CA		PA		MC	30		
8 Feb DEF Somewhere, CA							
16. PER TRAVEL (Print or Type) <input checked="" type="checkbox"/> DISCOUNT RATE		PASSENGER		17. DURATION OF TRAVEL a. HOURS OR LESS b. MORE THAN 24 HOURS BUT NOT MORE THAN 24 HOURS c. MORE THAN 24 HOURS		18. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Detachment Travel (5) D.A. (6) Nonallowable Expenses (7) Total (8) Loss Advance (9) Amount Owed (10) Amount Due	
19. REIMBURSABLE EXPENSES		a. DATE		b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	e. GOVERNMENT DEDUCTIBLE MEALS
4-8 Feb Hotel Lodging					400.00		
4-8 Feb Hotel Taxes					40.00		
3-8 Feb Mileage (Res-Airport-Res)					30.00		
4 Feb Taxi to Hotel (Washington, DC)					30.00		
5-8 Feb Taxi to Meetings					40.00		
8 Feb Taxi to Airport (Washington, DC)					30.00		
20. CLAIMANT'S SIGNATURE		21. REVIEWER'S PRINTED NAME		22. SIGNATURE		23. DATE	
24. APPROVING OFFICIAL'S PRINTED NAME		25. SIGNATURE		26. TELEPHONE NUMBER		27. DATE	
28. ACCOUNTING CLASSIFICATION							
29. COLLECTION DATA							
30. COMPUTED BY		31. AUDITED BY		32. TRAVEL ORDER AUTHORIZATION POSTED BY		33. RECEIVED (Print Signature and Date in English)	
						34. AMOUNT PAID	

DD FORM 1351-2, MAY 2011

PREVIOUS EDITION IS OBSOLETE.

Exception to SF 1012 approved by GSARMS 12-01.
Attest: Professional 8.0

SAMPLE STATEMENT IN LIEU OF RECEIPT

MEMORANDUM FOR DFAS

SUBJECT: STATEMENT IN LIEU OF ACTUAL RECEIPTS

I, _____ DO HEREBY CERTIFY BY THIS STATEMENT THAT RECEIPTS FOR THE FOLLOWING TRAVEL EXPENSE WERE EITHER IMPRACTICAL TO OBTAIN, INADVERTANTLY MISPLACED, LOST, OR DESTROYED AND HEREBY CLAIM THE FOLLOWING AMOUNT OF \$ _____ WHICH CONSIST OF THE FOLLOWING:

TRANSPORTATION

AIRFARE NAME OF AIRLINE _____
✓ RENTAL VEHICLE NAME OF COMPANY _____

TYPE OF VEHICLE RENTED _____

MISCELLANEOUS (PLEASE LIST) _____

I ALSO CERTIFY THAT NO HIDDEN CHARGES OR CLAIMS ARE ADDED INTO THESE COSTS.

SIGNED: _____

DATE: _____